

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD AND FORMULATION FOR TREATING VASCULAR DISEASE**, the specification of which

**Regular Application**

☒ is attached hereto.

☐ was filed on [Date Application was Filed] as Application Serial No. [Serial No.] and was amended on [Date of Amendment] (if applicable).

**PCT Application Entering National Phase**

☐ was filed on [Date] as PCT International Application No. [App. No.] and was amended on [Date of Amendment] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s)****Priority Claimed**

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: W. Scott Railton (Reg. No. 23,039); Arland T. Stein (Reg. No. 25,062); Louis M. Heidelberger (Reg. No. 27,899); Frederick H. Colen (Reg. No. 28,061); Mary E. Buckles (Reg. No. 31,907); John F. Letchford (Reg. No. 33,328); Gene A. Tabachnick (Reg. No. 33,801); Gregory L. Bradley (Reg. No. 34,299); John W. Goldschmidt (Reg. No. 34,828); Maria N. Rullo (Reg. No. 37,433); Cheryl L. Gastineau (Reg. No. 39,469); Daniel H. Golub (Reg. No. 33,701); Francis M. Linguiti (Reg. No. 32,424) Robert A. Matthews, Jr. (Reg. No. 38,237); Jolene W. Appleman (Reg. No. 35,428); and Ian K. Samways (Reg. No. 36,664).

Address all telephone calls to Frederick H. Coler at telephone number (412) 288-4164.

Address all correspondence to:

Frederick H. Coler  
REED SMITH SHAW & McCLAY  
P.O. Box 488  
Pittsburgh, PA 15230

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature

Full name of sole or first inventor

Residence

Citizenship

Post Office Address

Wayne H. Kaesemeyer  
Wayne H. Kaesemeyer  
2433 McDowell Street, Augusta, Georgia 30904  
United States of America  
2433 McDowell Street  
Augusta, Georgia 30904

Date:

4/7/97

Inventor's Signature

Full name of second inventor

Residence

Citizenship

Post Office Address

Date:

Inventor's Signature

Full name of third inventor

Residence

Citizenship

Post Office Address

Date:

REED SMITH SHAW & McCLAY  
P.O. Box 488  
Pittsburgh, PA 15230  
(412) 288-3131

rev. 10/1996

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

**Kaesemeyer, Wayne H.**

Serial No.: Unassigned

Filed: Herewith

Atty. Docket No.: 97-092

**METHOD AND FORMULATION FOR  
TREATING VASCULAR DISEASE**

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled **METHOD AND FORMULATION FOR TREATING VASCULAR DISEASE** and described in

- ☒ the specification filed herewith.
- ☐ Application Serial No. [Ser. No.], filed [Date].
- ☐ Patent No. [No.], issued [Date].

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below.

- ☒ no such person, concern, or organization
- ☐ persons, concerns or organizations listed below\*

**\*NOTE:** *Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)*

NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Wayne H. Kaesemeyer  
Wayne H. Kaesemeyer

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

**KAESMEYER**

Serial No.: 08/833,842

Filed: April 10, 1997

Atty. Docket No.: 97-092-US

**METHOD AND FORMULATION FOR  
TREATING VASCULAR DISEASE****VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(e)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below.
- ☒ an official of the small business concern empowered to  
act on behalf of the concern identified below:

NAME OF CONCERN: Nitrosystems, Inc.

ADDRESS OF CONCERN: 512 Telfair Street  
August, Georgia 30901

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(f), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled **METHOD AND FORMULATION FOR TREATING VASCULAR DISEASE** by inventor Wayne H. Kacsmeier, described in

- ☐ the specification filed herewith.
- ☒ Application Serial No. 08/833,842, filed April 10, 1997.
- ☐ Patent No. [Pat. No.], issued [Issue Date].

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(c).

**\*NOTE:** *Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)*

NAME:

ADDRESS:

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Michael W. SKEEN

TITLE IN ORGANIZATION: Chief Executive Officer

ADDRESS OF PERSON SIGNING: 512 Telfair Street, Augusta, Georgia 30901

SIGNATURE

DATE September 4, 1998